FEC

Only

STATEMENT OF

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ORGANIZATION FORM 1 Office Use Only NAME OF (Check if name Example: If typing, type 12FE4M5 COMMITTEE (in full) is changed) over the lines. Giddy Up PAC 3858 Walnut St ADDRESS (number and street) Ste 220 (Check if address is changed) Denver CO 80205 CITY A STATE A ZIP CODE ▲ COMMITTEE'S E-MAIL ADDRESS hickenlooper@mbacg.com (Check if address is changed) Optional Second E-Mail Address COMMITTEE'S WEB PAGE ADDRESS (URL) www.giddyuppac.com (Check if address is changed) DATE 2023 C00687582 FEC IDENTIFICATION NUMBER > 3. X IS THIS STATEMENT NEW (N) OR AMENDED (A) I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete. Donner, Stephanie, , , Type or Print Name of Treasurer Donner, Stephanie, , , [Electronically Filed] 01 13 2023 Signature of Treasurer Date NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 52 U.S.C. §30109. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS. Office For further information contact: **FEC FORM 1** Federal Election Commission Use (Revised 06/2012)

Toll Free 800-424-9530

Local 202-694-1100

FEC Form 1 (Revised 03/2022)	Page 2
TYPE OF COMMITTEE:	
Candidate Committee:	
(a) This committee is a principal campaign committee. (Complete the candidate info	rmation below.)
(b) This committee is an authorized committee, and is NOT a principal campaign coinformation below.)	ommittee. (Complete the candidate
Name of Candidate	
Candidate Party Affiliation Office Sought: House Senate	State President District
(c) This committee supports/opposes only one candidate, and is NOT an authorized	d committee.
Name of Candidate	
Party Committee:	
(d) This committee is a (National, State or subordinate) committee of the	(Democratic, Republican, etc.) Party
Political Action Committee (PAC):	
(e) This committee is a separate segregated fund. (Identify connected organization of	on line 6.) Its connected organization is as
Corporation Corporation w/o Capital Stock	Labor Organization
Membership Organization Trade Association	Cooperative
In addition, this committee is a Lobbyist/Registrant PAC.	_
(f) This committee supports/opposes more than one Federal candidate, and is NOT committee. (i.e., nonconnected committee)	Γ a separate segregated fund or party
In addition, this committee is a Lobbyist/Registrant PAC.	
In addition, this committee is a Leadership PAC. (Identify sponsor on I	ine 6.)
(g) This committee is an independent expenditure-only political committee (Super Pr	AC).
In addition, this committee is a Lobbyist/Registrant PAC.	
(h) This committee is a political committee with both contribution and non-contribution	on accounts (Hybrid PAC).
In addition, this committee is a Lobbyist/Registrant PAC.	
Joint Fundraising Representative:	
(i) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, at least one of which is an authorized committee of a	·
(j) This committee collects contributions, pays fundraising expenses and disburses committees/organizations, none of which is an authorized committee of a federal	·
Committees Participating in Joint Fundraiser	
1.	C
	C

	1 (Revised 02/2009)	Page 3
Write or Type Comr	mittee Name	
Giddy U _l	p PAC	
	Connected Organization, Affiliated Committee, Joint Fundraising Representative, or per, John, W., ,	Leadership PAC Sponsor
Mailing Address	PO Box 18886	
	Denver	80218
	CITY ▲ STATE ▲	ZIP CODE ▲
Relationship:	Connected Organization Affiliated Organization Joint Fundraising Representative	Leadership PAC Spons
 Custodian of Re books and record 	ecords: Identify by name, address (phone number optional) and position of the person in rds.	possession of committee
	Brengarth, Megan, , ,	
Full Name		
Mailing Address	3858 Walnut St	
	Ste 220	
	Denver	80205
	Deliver	60205
	CITY ▲ STATE ▲	ZIP CODE ▲
Title or Position	▼	
Title or Position		
Assistant Treasur 8. Treasurer: List the	ırer	d the name and address of
Assistant Treasur 8. Treasurer: List the any designated any feel Name	the name and address (phone number optional) of the treasurer of the committee; an	d the name and address of
Assistant Treasur 8. Treasurer: List the any designated a	the name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer).	d the name and address of
Assistant Treasur 8. Treasurer: List the any designated and Full Name	the name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer). Donner, Stephanie, , ,	d the name and address of
8. Treasurer: List the any designated at Full Name of Treasurer	the name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer). Donner, Stephanie, , ,	d the name and address of
8. Treasurer: List the any designated at Full Name of Treasurer	the name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer). Donner, Stephanie, , ,	d the name and address of
Assistant Treasur 8. Treasurer: List the any designated as Full Name of Treasurer	the name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer). Donner, Stephanie, , , 3858 Walnut St Ste 220	
Assistant Treasur 8. Treasurer: List the any designated as Full Name of Treasurer	the name and address (phone number optional) of the treasurer of the committee; an agent (e.g., assistant treasurer). Donner, Stephanie, , , Ste 220 Denver CITY STATE	80205

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Full Name of Designated Agent	Brengarth, Megan, , ,	
Mailing Address	3858 Walnut St	
	Ste 220	
	Denver CO 800	205
Title or Position ▼	CITY ▲ STATE ▲	ZIP CODE ▲
Assistant Treasur		
	Depositories: List all banks or other depositories in which the committee deposits funds, see or maintains funds.	holds accounts, rents
Name of Bank, D	epository, etc.	
	Amalgamated Bank	1
Mailing Address	1825 K St NW	
	Washington DC 200	006
	CITY ▲ STATE ▲	ZIP CODE ▲
Name of Bank, D	epository, etc.	
Mailing Address		
	CITY ▲ STATE ▲	ZIP CODE ▲

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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h). Joint Fundraisi	ng Participant:		
1.		FEC ID number	С
2.		FEC ID number	С
3.		FEC ID number	C
4.		FEC ID number	С
ame of Any Connected	Organization, Affiliated Committee, Joint Fur	ndraising Representative	e, or Leadership PAC Spon
Mailing Address	611 Pennsylvania Ave SE		
	Ste 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
Connecte	y by name, address (phone number – optional)	oint Fundraising Representa	Loadership TAO O
esignated Agent: Identi	y by name, address (phone number – optional)		Leadership PAC Sp
esignated Agent: Identi	y by name, address (phone number – optional)		Leadership FAO O
esignated Agent: Identi	y by name, address (phone number – optional)		
esignated Agent: Identi			
esignated Agent: Identi	CITY	STATE A	ZIP CODE A
esignated Agent: Identing Full Name Mailing Address	CITY		
esignated Agent: Identing Full Name Mailing Address	CITY A	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A	STATE Telephone Number	ZIP CODE A
esignated Agent: Identification Full Name Mailing Address TITLE OR POSITION anks or Other Deposite afety deposit boxes or mane of Bank, epository, etc.	CITY A	STATE Telephone Number	ZIP CODE A

FEC Form 1S (Revised 02/2017)

Optional Supplemental Information for Lines 5(g) or (h), 6, 8 and/or 9

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1.		FEC ID number	C
2.		FEC ID number	С
3.		FEC ID number	С
4.		FEC ID number	C
ame of Any Connected	Organization, Affiliated Committee, Joint Fundr	raising Representative	e, or Leadership PAC Spon
Chief Among Us			
Mailing Address	611 Pennsylvania Avenue SE		
•	Suite 143		
	Washington	DC	20003
Relationship:	CITY ▲	STATE ▲	ZIP CODE ▲
		Fundraising Representa	Leadership PAC Sp
	d Organization Affiliated Committee Subject Joint by by name, address (phone number – optional)	Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		Fundraising Representa	Leadership PAC S
esignated Agent: Identify		E Fundraising Representation	Leadership PAC S
esignated Agent: Identify	y by name, address (phone number – optional)	Trundraising Representation of the state of	Leadership PAC S
esignated Agent: Identify Full Name Mailing Address	y by name, address (phone number – optional) CITY		
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or mail	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
esignated Agent: Identify Full Name	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and and and and and and and and	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A
Full Name Mailing Address TITLE OR POSITION anks or Other Deposito afety deposit boxes or material depository, etc and and and and and and and and	y by name, address (phone number – optional) CITY Te ries: List all banks or other depositories in which	STATE A	ZIP CODE A